

BEST AVAILABLE COPY

11 APR 2006

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						10/563406		
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/	/	/	/			51	
2	/	/	/	/			52	
3	/	/	/	/			53	
4	/	/	/	/			54	
5	/	/	/	/			55	
6	/	/	/	/			56	
7	/	/	/	/			57	
8	/	/	/	/			58	
9	/	/	/	/			59	
10	/	/	/	/			60	
11	/	/	/	/			61	
12	/	/	/	/			62	
13	/	/	/	/			63	
14	/	/	/	/			64	
15	/	/	/	/			65	
16	/	/	/	/			66	
17	/	/	/	/			67	
18	/	/	/	/			68	
19	/	/	/	/			69	
20	/	/	/	/			70	
21	/	/	/	/			71	
22	/	/	/	/			72	
23	/	/	/	/			73	
24	/	/	/	/			74	
25	/	/	/	/			75	
26	/	/	/	/			76	
27	/	/	/	/			77	
28	/	/	/	/			78	
29	/	/	/	/			79	
30	/	/	/	/			80	
31	/	/	/	/			81	
32	/	/	/	/			82	
33	/	/	/	/			83	
34	/	/	/	/			84	
35	/	/	/	/			85	
36	/	/	/	/			86	
37	/	/	/	/			87	
38	/	/	/	/			88	
39	/	/	/	/			89	
40	/	/	/	/			90	
41	/	/	/	/			91	
42	/						92	
43	/						93	
44	/						94	
45	/						95	
46	/						96	
47	/						97	
48	/						98	
49							99	
50							100	
TOTAL IND.	8	↓	/	↓		↓		
TOTAL DEP.	43	←	41	←		←		
TOTAL CLAIMS	51		42					

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TOTAL DEP.								
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